# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P04000153621

ALL AMÉRICAN MARINE, INC.



**FILED** Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

7024 S ORANGE AVE ORLANDO, FL 32809 Mailing Address

7024 S ORANGE AVE ORLANDO, FL 32809



## DO NOT WRITE IN THIS SPACE

No Chg-P 04252008

CR2E034 (11/05)

4. FEI Number 33-1104428 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ADAMS, STEVEN

| 7024 S ORANGE AVE<br>ORLANDO, FL 32809                                |   |  | IN THIS SPACE                            |  |  |
|---|---|--|--|--|--|
| the obligations   | med entity submits this statement for the p<br>s of registered agent, | urpose of changing its registere                       | ed office or registered agent,           | or both, in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE   | nature, typed or printed name of registered agent and title i         | applicable (NOTE Registerer                            | d Agent signature required when reinstal | ing) DATE  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 |   | 9. Election Campaign Finan<br>Trust Fund Contribution. | scing \$5.00 May Added to Fees           |  |  |
| 10.   | OFFICERS AND DIREC  | TORS   | TO TARREST                               |  |  |
| NAME AI<br>STREET ADDRESS 70  | PVST<br>ADAMS, STEVEN<br>7024 S ORANGE AVE<br>ORLANDO, FL 32809       |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |  |  | U00000926929<br>*** 05/20/08-80085-025 150.00                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |  | D  | O NOT WRITE  |  |
| TITLE   |   |  | 11                                       | N THIS SPACE   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP